

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	A DEVICE FOR MOUNTING ON A MACHINE
Attorney Docket Number::	1501-1030-4
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	2
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN
Status:: Full Capacity
Given Name:: CARSTEN
Middle Name::
Family Name:: ARONSSON
City of Residence:: STRANGNAS
State or Province of Residence::
Country of Residence:: SWEDEN
Street of Mailing TJADERVAGEN 6
Address::
City of Mailing Address:: STRANGNAS
State or Province of Mailing Address::
Country of Mailing Address:: SWEDEN
Postal or Zip Code of Mailing Address:: S-645 42

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN
Status:: Full Capacity
Given Name:: JARL-OVE
Middle Name::
Family Name:: LINDBERG
City of Residence:: STRANGNAS
State or Province of Residence::
Country of Residence:: SWEDEN
Street of Mailing UTSIKTSVAGEN 32
Address::
City of Mailing Address:: STRANGNAS
State or Province of Mailing Address::
Country of Mailing Address:: SWEDEN
Postal or Zip Code of Mailing Address:: SE-645 42

Correspondence Information

Correspondence Customer Number:: 000466

Representative Information

Representative Customer Number::	000466
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Division of	10/252,388	9/24/02
10/252,388	Division of	09/214,291	1/4/99
09/214,291	National Stage of	PCT/SE97/01221	7/4/97

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
SWEDEN	9602694-3	7/5/96	Yes

Assignment Information

Assignee Name:: SPM INSTRUMENT AB

Street of Mailing Address:: P.O. BOX 4

City of Mailing Address:: STRANGNAS

State or Province of Mailing Address::

Country of Mailing Address:: SWEDEN

Postal or Zip Code of Mailing Address:: S-645 21